

Atty Docket No. 20801-000720

PTO FAX NO.: (703) 308-6916

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OCT 31 2001

PETITIONS OFFICE

09/29/01, 663
OFFICIAL COMMUNICATION**CERTIFICATION OF FACSIMILE TRANSMISSION**

I hereby certify that the following Transmittal Form, Fee Transmittal (in duplicate), Petition for Revival of an Application for Patent Abandoned Unintentionally Under 37 CFR 1.137(b), Notice of Appeal and Petition for Extension of time in re Application of Phalgun B. Joshi, Serial No. 09/295,925, filed April 21, 1999, for COMBINATION THERAPY USING NUCLEIC ACIDS AND CONVENTIONAL DRUGS, is being facsimile transmitted to the Patent and Trademark Office on the date shown below.

Number of pages being transmitted, including this page: 8

Dated: October 31, 2001


Linda Shaffer

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SF 150004 v1
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PTO/SB/17 (09-00)
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 Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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<h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">for FY 2001</h3> <p style="font-size: small; margin: 5px 0;">Patent fees are subject to annual revision.</p>		<p style="font-size: small; margin: 0;">Complete if Known</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Application Number</td> <td style="width: 50%;">09/298,925 <i>SP</i></td> </tr> <tr> <td>Filing Date</td> <td>April 21, 1999</td> </tr> <tr> <td>First Named Inventor</td> <td>Joshi, Phalgun B.</td> </tr> <tr> <td>Examiner Name</td> <td>Wolach, J.</td> </tr> <tr> <td>Group Art Unit</td> <td>1632</td> </tr> <tr> <td>Attorney Docket No.</td> <td>20801-000720</td> </tr> </table>		Application Number	09/298,925 <i>SP</i>	Filing Date	April 21, 1999	First Named Inventor	Joshi, Phalgun B.	Examiner Name	Wolach, J.	Group Art Unit	1632	Attorney Docket No.	20801-000720
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<p>TOTAL AMOUNT OF PAYMENT (\$) 1260</p>		<p style="font-size: large; margin: 0;">FAX RECEIVED</p> <p style="font-size: large; margin: 0;">OCT 31 2001</p> <p style="font-size: large; margin: 0;">PETITIONS OFFICE</p>													

<p style="text-align: center; font-weight: bold; font-size: small;">METHOD OF PAYMENT</p> <p>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:</p> <p>Deposit Account Number: 20-1430</p> <p>Deposit Account Name: Townsend and Townsend and Crew LLP</p> <p><input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.18 and 1.17</p> <p><input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</p> <p>2. <input type="checkbox"/> Payment Enclosed:</p> <p style="font-size: small;"> <input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other </p> <p style="text-align: center; font-weight: bold; font-size: small;">FEE CALCULATION</p> <p>1. 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EXTRA CLAIM FEES</p> <table border="1" style="width: 100%; border-collapse: collapse; font-size: x-small;"> <thead> <tr> <th>Total Claims</th> <th>Extra Claims</th> <th>Fee from below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>Independent Claims</td> <td>-20** =</td> <td>X</td> <td>=</td> </tr> <tr> <td>Multiple Dependent</td> <td>-3** =</td> <td>X</td> <td>=</td> </tr> </tbody> </table> <table border="1" style="width: 100%; border-collapse: collapse; font-size: x-small;"> <thead> <tr> <th>Large Fee Code</th> <th>Entity Fee (\$)</th> <th>Small Fee Code</th> <th>Entity Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>103</td><td>18</td><td>203</td><td>9</td><td>Claims in excess of 20</td><td></td></tr> <tr><td>102</td><td>84</td><td>202</td><td>42</td><td>Independent claims in excess of 3</td><td></td></tr> <tr><td>104</td><td>280</td><td>204</td><td>140</td><td>Multiple dependent claim, if not paid</td><td></td></tr> <tr><td>109</td><td>84</td><td>209</td><td>42</td><td>** Reissue independent claims over original patent</td><td></td></tr> <tr><td>110</td><td>18</td><td>210</td><td>9</td><td>** Reissue claims in excess of 20 and over original patent</td><td></td></tr> <tr> <td colspan="5" style="text-align: right;">SUBTOTAL (2)</td> <td style="border: 1px solid black; width: 100px; text-align: center;">(\$)</td> </tr> </tbody> </table> <p style="font-size: x-small;">**or number previously paid, if greater; For Reissues, see above</p>	Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid	101	740	201	370	Utility filing fee		106	330	206	165	Design filing fee		107	510	207	255	Plant filing fee		108	740	208	370	Relapse filing fee		114	160	214	80	Provisional filing fee		SUBTOTAL (1)					(\$)	Total Claims	Extra Claims	Fee from below	Fee Paid	Independent Claims	-20** =	X	=	Multiple Dependent	-3** =	X	=	Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid	103	18	203	9	Claims in excess of 20		102	84	202	42	Independent claims in excess of 3		104	280	204	140	Multiple dependent claim, if not paid		109	84	209	42	** Reissue independent claims over original patent		110	18	210	9	** Reissue claims in excess of 20 and over original patent		SUBTOTAL (2)					(\$)	<p style="text-align: center; font-weight: bold; font-size: small;">FEE CALCULATION (continued)</p> <p>3. 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SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	Eugenia Garrett-Wackowski	Registration No. (Attorney/Agent)	37,330
Signature	<i>Eugenia Garrett-Wackowski</i>	Telephone	925-472-5000
		Date	10/31/01

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